

INTERIM ASSISTANCE REIMBURSEMENT AUTHORIZATION
INITIAL PAYMENT

CASE NAME	SOCIAL SECURITY NUMBER	CLIENT ID NUMBER	TELEPHONE NUMBER
STREET ADDRESS		CITY	STATE
			ZIP CODE
MAILING ADDRESS		CITY	STATE
			ZIP CODE

The term State means the Department of Social and Health Services.

What am I authorizing the State to do by signing this authorization?

If I am found eligible to receive Supplemental Security Income (SSI) benefits, I understand I am authorizing the Commissioner of the Social Security Administration (SSA) to send:

- My first retroactive payment of SSI benefits to the State; or
- If Federal law restricts the way my SSI money is released to me, send to the state only an amount equal to the amount of reimbursable public assistance I received from the State.

How will the State be paid for the reimbursable public assistance it gave me?

The State will deduct from my first retroactive SSI payment an amount of money equal to the amount I received from the State for the period starting with the first month I am eligible for a SSI payment and ending the month my SSI payment begins. If the State cannot promptly stop my public assistance payment, the period ends the following month. If Federal law restricts the way I can receive any excess money, SSA will send the State only an amount equal to the money I received from the state. The State will not deduct any money for benefits funded wholly or in part by federal dollars.

What happens if the State gets too much money?

The State will send any excess money to me with a letter telling me how much money the State kept within 10 working days after the State receives the payment from SSA.

What do I do if SSA sends the first payment to me?

I will endorse the check "payable to the State of Washington" and send it to:

STATE OF WASHINGTON
OFFICE OF FINANCIAL RECOVERY (OFR), MAIL STOP 5862
PO BOX 9501
OLYMPIA WA 98507-9501

How long is this authorization effective?

This authorization is binding on the State and me for one calendar year from the date the State receives it. This authorization must be signed and dated by both a State representative and me to be a valid authorization. SSA will keep this authorization on file for one year.

If I file an SSI application or have already filed an SSI application, this authorization is effective even if beyond one calendar year until:

- I get my first initial SSI payment; or
- I don't file a timely request for review and the maximum period permitted to request administrative or judicial review expires; or
- The State and I agree to terminate this authorization.

This authorization is not binding on me if the State does not notify SSA that I have signed this authorization within 30 calendar days of the date I sign this form.

Does this authorization serve as a protective filing for SSI benefits?

Yes, if I have not already filed a SSI application and I intend to file an application for SSI, this form is notice from SSA that I have 60 days to file a SSI application in order to protect my filing date. If my application is approved my SSI benefits may be effective the date I sign this form. If I do not file an application for SSI benefits within 60 days, this authorization no longer protects my filing date for SSI.

I have the right to a Fair Hearing if I disagree with any action taken by the State regarding this authorization and refund.

CLIENT SIGNATURE	DATE
DSHS REPRESENTATIVE SIGNATURE	DATE RECEIVED BY DSHS